



# Pyramid Lake Recreation Program Registration Form

## Identification and Emergency Information

(To be completed by Parent/Guardian. Changes allowed by bellowed signed only. Any changes need to be made in person.)

### Student Information

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_

Grade: \_\_\_\_\_ School: \_\_\_\_\_

How will student get home? Parent Pick-Up \_\_\_\_\_ Other: \_\_\_\_\_

Mother/Guardian: \_\_\_\_\_ Father/Guardian: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Home/Cell: \_\_\_\_\_ Home/Cell: \_\_\_\_\_

Persons who may be called in an emergency and authorized to pick up student. List in Order to be called. A picture ID is required.

Name	Address	Phone	Relationship

Check if any legal restriction are in effect (attach any copies of legal documents). List anyone who is not allowed to see student and/or not allowed to pick up per legal restriction:

\_\_\_\_\_

Special Needs: \_\_\_\_\_

Does your child have any healthy issues (allergies, medication, asthma, diabetes, epilepsy, hyperactivity, emotional or physical challenges, etc.), and/or any other health information we should be aware of? If so, please list:

\_\_\_\_\_ Medications: \_\_\_\_\_ Dosage: \_\_\_\_\_ (Attach Dr.'s Note)

Dr. Name: \_\_\_\_\_ Insurance: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Parent/Guardian Permission for Student Involvement

**Please read carefully**

Permission: I hereby give permission for the participant to take part in the Pyramid Lake Recreational Program activities, which may include off-site events, academic assistance, continuing education and recreational programs. If a medical emergency arises, program staff will take all steps necessary to ensure the safety of the participants and will call, if necessary, a public emergency vehicle for the transport to an emergency facility. I understand that I will be responsible for any transportation charges and medical expenses incurred. I agree that if a health condition exists now or in the future, which would impact the participant, I will notify the Recreation staff. Initial: \_\_\_\_\_

Assumption of Risk: For myself, and my heirs, executors, administrators, legal representatives, assignees and successor in interest (collectively referred to as "successors"), I release, forever discharge, and agree not to sue Pyramid Lake Tribe, Tribal Recreation, its employees, agents, members, sponsors, volunteers, officials, spectators, or owners of property on which the Tribal Recreation Program activities may be conducted from any and all liability, claims of loss, costs or expenses, including, but not limited to, those arising from property damage or loss, injury to body, mental trauma, or death, and waive any such claims against any such persons or organizations, arising directly or indirectly from, or attributable in any legal way, to any negligence or other action or omission to act of any such persons or organizations with sponsorship, or organizations or conduct of the Tribal Recreation Program including travel to and from events or activities in which I may be a participant, spectator or volunteer. I hereby waive all such claims, which I have nor or may hereafter have against the above organizations or persons, however caused. Initial: \_\_\_\_\_

Consent: I give my consent to the Tribal Recreation and JOM Program to take the participant's photograph during program activities, to be used for education and public relations purposes, and may be used on social media pages, and/or website.

Initial: \_\_\_\_\_

Internet Use: I allow my child to use the internet. Initial: \_\_\_\_\_

Code of conduct: As a parent of a participant, I agree to conduct myself in a respectful manner, exhibit good conduct, and be a positive role model for all aspects of the program. I will be courteous and display appropriate behavior to all individual affiliated with the Tribal Recreation/JOM Program. Staff reserve the right to ask any parent/guardian to pick up child if not acting appropriately. Initial: \_\_\_\_\_

As a participant (student), I agree to conduct myself in a respectful manner, exhibit good behavior, and be courteous to program staff. My parent or guardian will be asked to pick me up, if I do not act appropriately.

Student Name: \_\_\_\_\_ Student Signature: \_\_\_\_\_

Parental Agreement: As a Parent/Guardian of a Tribal Recreation program participant:

- I agree to have my child(ren) picked up ON-TIME by an authorized individual or Parent/Guardian.
- I understand if I am 15 minutes late, notification must be made and documentation to follow.
- Notify the Program Contacts of any changes to contact information, address, phone, emergency contact, etc.

Initial: \_\_\_\_\_

I hereby certify that I read and understand the information listed on the registration form:

Parent/Guardian

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_